

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2017

Business _____ Commuting _____ Total _____

| | | | |
|--------------------------|-------|------------------------|-------|
| Garage rent | _____ | Property tax | _____ |
| Gas | _____ | Repairs | _____ |
| Insurance | _____ | Tires | _____ |
| Licenses | _____ | Tolls | _____ |
| Oil | _____ | Other expenses | _____ |
| Parking fees | _____ | | _____ |
| Lease payments | _____ | | _____ |
| Interest | _____ | | _____ |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____ How many hours per day was the area used? _____

- The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

| | | |
|------------------------------------|-------|-------|
| Mortgage interest | _____ | _____ |
| Real estate taxes | _____ | _____ |
| Excess mortgage interest | _____ | _____ |
| Insurance | _____ | _____ |
| Rent | _____ | _____ |
| Repairs & maintenance | _____ | _____ |
| Utilities | _____ | _____ |
| Other expenses | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.